

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

10/593,823

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | ↓ | 1 | ↓ | | ↓ |
| TOTAL DEP. | 43 | ← | 16 | ← | | ← |
| TOTAL CLAIMS | 45 | | 17 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
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| TOTAL CLAIMS | | | | | | |